1. Briefly describe a future vision for a Missouri Health Information Exchange (HIE). What goals should be accomplished as Missouri develops a strategic roadmap for Health Information Technology (HIT) and Health Information Exchange (HIE) in the state?

• Information needs to be accessed on a universal platform. (must be compatible with all HER programs)	• Vision:
• Ability to share information benefitting everyone (includes patient and providers).	• Complete access for Missouri; including public health
• What is the intent, benefit, incentive?	• Goal:
• Get the interest of the public, stakeholders, and providers & explain importance.	• Healthcare – not based upon your ability to pay. (Total, dental, physical & behavioral)
• Ex-possibly something in the form of a driver license that can be updated but controlled by patient. Will be easily accessed by medical providers in case of an accident.	• Complete security of records
• Improve patient safety – allow patients/providers to make informed decisions based on a complete view of patient's history.	• Number 1 goal – How will each specific system be able to centralize with all other agencies. (CONCERN)
• To improve the efficiency of care – ex- duplicating tests.	• Capability to inter-face.
• Reduce costs	• Comment – Need to be able to get access or share info from other states as well. Providers on state lines will bet patients from other states.
• Continuity of care	• Goal:
• Must be able to ensure secure delivery of accurate health information in a timely manner to authorized users across the state. Accessible 24/7.	• Use outside agency to create & maintain the system.
• Future Vision:	• Get all providers on the same level playing field, ex. Home health, mental health, hospitals, etc.
• Interoperability, region-to-region, state to state.	• Need to be able to get data connectivity – via cell signals to rural areas. Need coverage.
• Data Repository, secure/protected	• Strict timetable for making decisions.
• Affordability for everyone upfront funding & incentives for ongoing expenses	
• Outcome Data Reported	
• Goal:	
• Better, region to region, state to state.	
• Quicker treatment – safer & more efficient (by duplication of services)	
• Who determines who has access to the network/exchange?	
• Mechanism to connect to disparate HER systems already owned so no re-investments are needed.	
• Vision: "An affordable, sustainable, secure, repository of patient driven health information."	
• Exchange of information outside of Missouri.	
• Information is accurate with immediate access to authorized individuals.	
• Provides a basis for quality improvement and patient safety.	
• Reduces redundancy.	
• Provide more consistent data.	
• What participation with payers have?	

2. What roles are critical for a statewide Health Information Exchange (HIE)?

- Educator – facilitator – technical assistance
- Good marketing is critical
- State's system must have universal compatibility
- Must have a statewide policy and standards set up.
- Who determines what parties are privileged to the HIE?
  - Need a standardized form that is universal to all providers & patients in the HIE.
  - How is the governmental funds allocated fairly?
- Education/Training
- Facilitation
- Universal compatibility
- Fair distribution of governmental funding? Laborious application & waiting time for money.
- Will there be a regional, state, national team of IT personnel to help with full integration across procedures & training of staff at each facility?
- Governance or oversight form state
- Data base administration
- Aggregated data
- Stores data securely
- Tracks access
- Hardware ownership
- Secures hardware/software required
- Will financing be a part of?
- Education
- Network administration
- Privacy issue – security
- TA – Technical Assistance – readily available
- Technical linkage – to other systems
- Finance- monies - sustainability
- How user-friendly system will be
- Regional coordinator
- Ethnically diverse – culturally competent
- Educator for provider and patient
- State-wide policy
- Get state on board & up to date with providers, update systems & technology. State is behind providers in IT field.
- Who will the providers report to on the state level?
- Who will head up all of the various departments at the state level, ex. Department of Mental Health, Home Health, and Health & Senior Services?
- Will IT people of a good quality be able to be afforded with this project?
- Need extra layers of responsibility on those who is appropriately access or attempt to access private records.

3. What are you most concerned about related to Health Information Exchange (HIE)?

- Privacy/security of information/identity theft
- Medical information used for marketing
- System must be user friendly
- Is information going to be used to penalize organizations in any way?
- The reward and benefit must be considerable for organizations who may have to possibly hire additional staff.
- Must not be too labor intensive-organizations are already bogged down with paperwork.
- Privacy/Security
- Affordability – upkeep, ongoing expense – interfacing
- Who pays for it? Equitable funding? Support?
- Collaborative effort
  - How to ensure everyone in the region/state is connected in the HIE?
  - Is a cut in reimbursement enough to affect the cost?
- In the current economic environment, hospitals & other providers are struggling to break-even on provider care, how are these providers (rural areas with high uninsured/underinsured patients) going to pay for this?
- Security
- Maintainability/sustainability
- Affordable
- Value added – what is ROI?
- Accessibility
- Consumer acceptance
- Provider acceptance
- Generational issues – participation?
- Take away from patient care.
- Sustainability & financing.
- Security & privacy.
- What happens if system crashes – system maintenance.
- Perception & interaction – willing to share.
- Should patients be allowed to limit access?
- HIPPA regulations
- Timeframe to implement program
- Cost of system
- Definition of sharable information
- Recommendation – determine what data will be shared?
- Sustainability – how will it be paid for?
- Need real, achievable time lines.
- Privacy across the field. Don't' want a nosy staff member at a doctor's office to have access to private info.

4. What general comments do you have related to Health Information Exchange (HIE)? What other questions do you have?

- What is the benefit to the cost and effort required? What is the intent?
- Must have consumer buy-in.
- How is general public to be convinced of the importance of HIE? How will information be protected?
- Fantastic conceptual idea!
- Implementation, funding & Governmental leadership are the key.
  - Committee needed to oversee project – get everyone involved
- Incentives for doctors not to re-do tests.
  - Fee for service industry
  - Liability and trust among other providers/tests.
- Public accountability/transparency
- Communication of state level progress and updates for HIE
- Will grants be available for other HIE initiatives besides at the state level?
- Where will information be stored?
- Who will participate and what will be their resistance? i.e. schools, pharmacies, public health agencies, nursing homes, and payers.
- Will participation be mandatory for certain entities?
- How many years will implementation be spread over and what are the tasks involved for each?
- Will rural areas be well presented rather than only St. Louis and Kansas City?
- In actuality – system would be great.
- Might be an extremely complicated process.
- How receptive is public going to be?
- Concerns of patients about how their information is being accessed/used?
- What will they do to the providers and their current system?
- Will providers be able to continue with their current systems?
- What will we do with paper records?
- What is to say that this system will be better than what we already have?